



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE BUREAU
PO BOX 569, JEFFERSON CITY MO 65105-0569
(573) 526-3669 www.dor.mo.gov/mvdl

EMBLEM USE AUTHORIZATION STATEMENT

FORM

5022

(REV. 12-2010)

APPLICANT'S NAME:	DOR USE ONLY	
ADDRESS:		
CITY/STATE/ZIP:		
TELEPHONE NUMBER: ____-____-____		
CONTRIBUTION PAID (\$25 minimum for a one-year registration and \$50 minimum for a two-year registration) \$ _____ Payment Date: _____		REMARKS:

PLEASE CHECK THE TYPE OF LICENSE PLATE FOR WHICH THE CONTRIBUTION WAS MADE.

- | | |
|--|--|
| <input type="checkbox"/> BE AN ORGAN DONOR | <input type="checkbox"/> SOME GAVE ALL |
| <input type="checkbox"/> CHILDREN'S TRUST FUND | |
| <input type="checkbox"/> FIGHT TERRORISM | |
| <input type="checkbox"/> LEWIS AND CLARK | |

EMBLEM USE AUTHORIZATION STATEMENT: You must present an Emblem Use Authorization Statement each time you renew your license plates.